120000048545

| (Requestor's Name) |
|---|
| |
| (Address) |
| · |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Danish Nanka) |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Consideration to Filips Officer |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |

Office Use Only



400421875634

01/16/24--01020--004 **25.00

| TO: | Registration Se Division of Cor | ction porations | · . | į | |
|---------------|------------------------------------|---|---|------------------------------|---|
| CUD IEZ | | m Food LLC | | · · | |
| SUBJEC | -1; <u></u> | Name of Lim | ited Liability Company | - | - |
| | | | | | |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please re | eturn all correspo | indence concerning this matter | to the following: | | |
| | | Martin Ferreira | | | |
| | | | Name of Person | | |
| • | | Heat Custom Food LLC | | | |
| | | | Firm/Company | | |
| | | 1769 Business Center Lan | e | | |
| | | | Address | | |
| | | Kissimmee, Fl. 34758 | | | |
| | | | City/State and Zip Code | | |
| | | Martinf@heatcustom.com | | | |
| | | E-mail address: (| to be used for future annual r | eport notification |) |
| For furth | er information c | oncerning this matter, please ca | all: | | |
| Martin F | ^ч еттеіга | | 786 683 at () | 0101 | |
| | Name o | f Person | Area Code | Daytime Telepl | none Number |
| Enclosed | l is a check for th | ne following amount: | | | |
| \$2 5. | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo | | \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Addres | | Street Ad | | |
| | Registration S Division of C | | | tion Section of Corporati | ons |
| | P.O. Box 632 | • | | tre of Tallaha | |
| | Tallahassee, F | FL 32314 | 2415 N. | Monroe Stree | et, Suite 810 |

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION OF

| Heat Custom Food LLC | | | |
|---|--|--|--|
| (Name of the Lim | ited Liability Con (A Florida Limit | npany as it now appears on our records.) ed Liability Company) | |
| he Articles of Organization for this Limited | Liability Compa | ny were filed on | and assigned |
| lorida document number L20000048545 | · | | |
| nis amendment is submitted to amend the fo | llowing: | | |
| . If amending name, enter the new name | of the limited li | ability company here: | |
| eat Custom Construction LLC | | | |
| ne new name must be distinguishable and contain the | words "Limited Li | ability Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| nter new principal offices address, if appl | icable: | N/A | |
| Principal office address MUST BE A STRE | | | |
| | | | |
| | | | |
| nter new mailing address, if applicable: | | N/A | |
| Aailing address MAY BE A POST OFFICE | E BOX) | | |
| | _ | | |
| | | | " |
| . If amending the registered agent and/or | | ce address on our records, enter the | name of the new regist |
| ent and/or the new registered office addr | ess here: | | <u>1</u> - |
| | N/A | |) |
| Name of New Registered Agent: | 13173 | | |
| New Registered Office Address: | N/A | | <u>; </u> |
| | | Enter Florida street address | - <u>o</u> |
| | | , Florida | , 8 |
| | | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
| | | | □Add |
| | | | □Remove |
| | ٠ | | □Change |
| | | | □Add |
| | | | □Remove |
| | , | | □Change |
| | | | □Add |
| | | | □Remove |
| | · | | |
| · | | | □Add |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |
| | u | | □ Add |
| | | | Remove |
| | | | □Change |

| If amo | ending any other information, enter change(s) here: (Attach additional sheets. if necessary.) |
|---------|--|
| | |
| - | |
| | |
| | |
| | |
| - | |
| - | |
| - | |
| _ | |
| _ | |
| | |
| - | |
| | |
| - | |
| | |
| | |
| | |
| - | |
| - | |
| Note: | ive date, if other than the date of filing: DIDB WY (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them; seffective date on the Department of State's records. |
| e recor | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led. |
|)ated | January 8 2024 |
| | Signature of a member or authorited representative of a member |
| | |
| | Martin Ferreira Typed or printed name of signee |